

PROOF OF CLAIM

United States Bankruptcy Court
District of Idaho

PROOF OF CLAIM

Chapter

(please check appropriate box):
7 ☐ 11 ☐ 12 ☐ 13 ☒THIS SPACE FOR COURT
USE ONLY

Instructions: Complete this form and mail to:

US Bankruptcy Court, 550 West Fort St. MSC 042,
Boise, ID 83724Proof of Claim Form and
Supporting Documents are to be
filed in **DUPLICATE** on Chapter 12
and 13 cases.Re: (NAME OF DEBTOR) LUKE ALAN LARSEN
ALLISON ADELE HELTON LARSENCASE NUMBER: 99-02605NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to
whom the debtor owes money or property):INTERNATIONAL MERCANTILE CO. INC.
1916 E PIKE ST.
SEATTLE, WA 98122NOTE: This form should not be used to
make a claim for an administrative expense
arising after the commencement of the case.
A "request" for payment of an
administrative expense may be filed pursuant
to 11 USC §503.ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES
DEBTOR

1278944

Check here if this claim: ☐ REPLACES
☐ AMENDS a previously filed claim dated:BASIS FOR CLAIM: ☐ Goods Sold ☒ Services Performed ☐ Money Loaned ☐ Personal Injury/Wrongful Death ☐ Taxes ☐ Assignment
☐ Retiree Benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries and compensation: Social Security #: _____Unpaid compensation for services performed from _____ to _____
DATE DATE2. DATE DEBT OCCURRED: 6-11-98

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following:

a. Secured b. Unsecured Nonpriority c. Unsecured Priority

It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE
TIME THE CASE WAS FILED.

SECURED CLAIM: \$ _____

Attach evidence of perfection of security interest
Brief description of Collateral: ☐ Real Estate ☐ Motor Vehicle
☐ Other (Describe Briefly)Amount of Arrearage and other charges at time case was filed included in secured claim above, if any:
\$ _____UNSECURED CLAIM: \$ 1040.87A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim or to
the extent that the value of such property is less than the amount of the claim.UNSECURED PRIORITY CLAIM: \$ _____
SPECIFY THE PRIORITY OF THE CLAIM:☐ Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the filing of the
bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3).☐ Contributions to an employee benefit plan - 11 USC § 507(a)(4).☐ Up to \$1800 of deposits toward purchase, lease, or rental of property or services for personal,
family, or household use - 11 USC § 507(a)(6).☐ Taxes or penalties of governmental units - 11 USC § 507(a)(7).☐ Other - Specify applicable paragraph of 11 USC § 507(a) _____

5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED:

UNSECURED: \$ 1040.87 SECURED: \$ _____ PRIORITY: \$ _____ TOTAL \$ 1040.87☒ Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In
filing this claim, claimant has deducted all amounts that claimant owes to the debtor.

THIS SPACE FOR COURT USE ONLY

7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices,
assignments, deficiency documents, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not
available, explain. If the documents are voluminous, attach a summary.DATE: 01/10/00Sign and print the name and title, if any, of the creditor or other person authorized to file this
claim (attach copy of power of attorney, if any).

E.A. ALTMAN, PRESIDENT

TELEPHONE NO: 206-322-4500

U.S. BANKRUPTCY COURT
PREPETITION CHARGES

LARSEN, LUKE ALAN
LARSEN, ALLISON ADELE

#99-02605

1.) INTEREST ST THE RATE OF 12% PER ANNUM FROM
08/07/98 TO 10/07/99 ON \$913.00 PRINCIPAL

\$127.87

Washington Mutual Bank (the "Bank") 1 OF 1 SINGLE INDIVIDUAL/JOINT MASTER ACCOUNT AGREEMENT

1. CUSTOMER NAME		LUKE A LARSEN		INITIAL ACCOUNT NUMBER		407-0000305034-9	
OWN CODE/PRODUCT		DDA		ADDRESS (CITY, STATE, ZIP CODE)		DIVISION/PROVINCE AND COUNTRY, IF NOT IN U.S.A.	
DATE OF BIRTH		09-29-71		PERSONAL PHONE		BOISE, ID 83704	
BIRTHPLACE		Nampa, ID		BUSINESS PHONE		518-92-9720	
EMPLOYER		LUKE LARSEN CONSTRUCTION		MOTHER'S MAIDEN NAME		SUTTER	
IDENTIFICATION		DRIVERS LICENSE WR1000570		ID		09-29-00	
VISA		4833930000726185		APPROVAL CODE		75 ID NR	
By signing below, I/we agree to be bound by the terms and conditions of this Master Account Agreement (the "Agreement") as set forth here and on the right side of this page. In addition, I/we acknowledge receipt of the Account Disclosures and Regulations Relating to Deposits, Accounts and Other Services, and the Electronic Fund Transfer Agreement and Disclosures (Account Disclosures and Regulations). Deposits are insured by the FDIC to the maximum amount permitted by law.							
2. CUSTOMER NAME		ALLISON A LARSEN		SIGNATURES		[Signature]	
DATE OF BIRTH		07-19-73		PERSONAL PHONE		N/A	
BIRTHPLACE		Hahn AFB		BUSINESS PHONE		N/A	
EMPLOYER		N/A		MOTHER'S MAIDEN NAME		KRALEY	
IDENTIFICATION		DRIVERS LICENSE WR100582G		ID		07-19-01	
APPROVAL CODE		87 AZ NR					
3. CUSTOMER NAME		ALLISON A LARSEN		DATE OF BIRTH		07-19-73	
PERSONAL PHONE		(208)327-0181		BUSINESS PHONE		N/A	
BIRTHPLACE		Hahn AFB		EMPLOYER		N/A	
IDENTIFICATION		DRIVERS LICENSE WR100582G		ID		07-19-01	
APPROVAL CODE		87 AZ NR					
DATE OPENED		11-06-97		BY		CND	
TAX LINE		1		DATE CHANGED			
All of the accounts opened under this Master Account Agreement shall be of the following type: JOINT ACCOUNT AN ACCOUNT OPENED IN THE NAME OF TWO OR MORE PEOPLE SEE "ACCOUNT DISCLOSURES AND REGULATIONS" FOR MORE INFORMATION. 01/15							

This type of account is described in detail in the Account Disclosures and Regulations.

ALLISON A LARSEN

407-305034-9

TO REACH CUSTOMER SERVICE OR 24-HOUR BANKING,
CALL TELEPHONE BANKING AT 1-800-756-8000.

07-S

LUKE A LARSEN OR
ALLISON A LARSEN
4202 N CHRISTINE
BOISE ID 83704-0000

STATEMENT PERIOD:
FROM 06-11-98
THRU 07-10-98

0

START SAVING THE EASY WAY WITH AN AUTOMATIC SAVINGS PLAN: WE'LL TRANSFER MONEY FROM YOUR
CHECKING ACCOUNT TO YOUR STATEMENT SAVINGS ACCOUNT. YOU TELL US HOW MUCH TO TRANSFER
AND HOW OFTEN. WE'LL EVEN WAIVE THE FEE ON YOUR SAVINGS ACCOUNT SO YOU CAN SAVE FASTER.

GOLD CHECKING WASHINGTON MUTUAL BANK F&B FDIC INSURED

LUKE A LARSEN OR
ALLISON A LARSEN
ACCOUNT NUMBER: 407-305034-9

OVERDRAFT LIMIT 500.00
SUBJECT TO A PER ITEM OVERDRAFT TRANSACTION CHARGE

BEGINNING BALANCE	TOTAL WITHDRAWALS	TOTAL DEPOSITS	ENDING BALANCE
913.00-	.00	913.00	.00

YTD INTEREST PAID : .00
YTD INTEREST WITHHELD: .00

DATE	WITHDRAWALS	DEPOSITS	TRANSACTION DESCRIPTION
06/11		360.00	REFUND RETURNED CK CHRG - LOSS
06/11		60.00	REFUND OD CHARGE - LOSS
06/11		5.00	REFUND SERVICE CHARGE
06/11		488.00	CHARGE OFF ACCOUNT - CREDIT